The rural generalist

Repeated calls are being made for special consideration of, and associations for, general practitioners in rural areas.

Alexander[1] in a letter to *SA Family Practice* in this issue asks us and other medical media to be relevant to their needs, which he states as doubly different from the ivory towers - both rural and third world vs city and first world. Rourke[2] from rural Ontario has recently written about the same thing from a first world perspective.

Alexander rightly complains about unsolicited overseas advice being dumped on our doctors. This is not only true of tapes but also of foreign generated journals for continuing education. These articles often do not take note of, nor acknowledge, conditions as they are in Southern Africa. We are often then encouraged to do things which are not appropriate to our circumstances. We would like to hear from other colleagues on this issue and how we should be dealing with this problem. How about listening to *Medikasset,* the tape series, edited by this journal's editorial board, under the leadership of Basil Michaelides from Port Elizabeth in association with Winthrop.

Alexander also complains that *SA Family Practice* and the Academy do not give enough attention to the rural general practitioner. It is true that the Academy and its Journal aim to satisfy the very needs that our colleague is accusing us of neglecting. Looking back over the last twelve issues of *SA Family Practice,* I find only three articles written by rural doctors. Many of our other articles are relevant to all kinds of practice. In spite of this I do find myself agreeing with Alexander that the advice and vocabulary in many articles are just not inviting the doctors outside the large towns to read them seriously.

Surely people are people, others say, in Canada or South Africa, in the so-called first and third worlds, and this is true. But the perception that rural doctors have, that they are working with different kinds of people in different circumstances is real. Ingle[3] complained about this saying, "the academics asked questions that were understood and taken up. Our questions were not understood because they were not expressing the type of things they were used to hearing as questions, and were used to answering."

The Ontario Medical Association has now started a subgroup for rural physicians for in-depth discussion of issues unique to them. They are still retaining a strong link with the Family Practice group. Surely our forces are too small in South Africa. We will have to cater for all without neglecting any of our members.

Sam Fehrsen

References

1. Alexander B R. Letter *S Afr Fam Pract* 1987; **8:** 464.
2. Rourke J. Rural Medicine in Ontario: Recognising a Need. *Ont Med Review* 1987; July: 14-15.
3. Ingle R F. Country Cousins. *S Afr Fam Pract* 1980; **1**(2): 26-28.